AUTOMATIC COVER SHEET

JUL-21-2005 01:57 PM

RECEIVED CENTRAL FAX CENTER

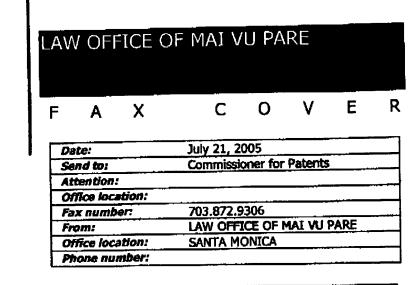
DATE TO FAX # FROM FAX #

17038729306

JUL 2 1 2005

PAGE 1/4 * RCVD AT 7/21/2005 5:40:06 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/0 * DNIS:8729306 * CSID: * DURATION (mm-ss):02-44

RECEIVED
GENTRAL FAX CENTER
JUL 2 | 2005



URGENT REPLY ASAP PLEASE COMMENT X PLEASE REVIEW FOR YOUR INFORMATION

TOTAL PAGES, INCLUDING COVER:

3

Comments:

- .. 🕰 .

Please find attached an executed REVOCATION OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS for Application No. 10/813,611.



RECEIVED CENTRAL FAX CENTER

JUL 2 1 2005

PTO/S8/82 (04-05)
PTO/S8/82 (04-05)
PTO/S8/82 (04-05)
Principle of Trademark Office; U.S. DEPARTMENT OF COMMERCE on unless it displays a walld CMB control multipal. Under the Paperwork Reduction Act of 1995, no particips are regulated to rescond to a subscion of inform
Application Number 10/813,511 Filing Date **REVOCATION OF POWER OF** March 29, 2004 First Named Inventor **ATTORNEY WITH** Theresa Harris **NEW POWER OF ATTORNEY Art Unit** AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR									
•	the practitioners associated with the	e Custo	mer Nu	mber:					
✓ Please change the correspondence address for the above-identified application to:									
The address associated with Customer Number:									
OR									
Firm or Individual Name	LAW OFFICE OF MAI PARE								
Address	1871 WILSHIRE BLVD., SUITE 530								
City	SANYA MONICA	State	CALIFO	RNIA	Zip	90403			
Country	USA								
Telephone	310.829.6946		Email	MAIPARELAW@YA	VHOO.	юм			
I am the:									
Applicant/Inven	ntor								
Assignee of record of the entire interest. See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature /	usa Harris								
Name Theresa Harris									
Date 1	15/05	Te	laphon	300	45	02305			
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
i i	, , 								

This collection of information is required by 37 CFR 1,36. This information is required to obtain or retain a benefit by the public which is to tile (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including getitering, preparing, and submitting the controlleded application from to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Traderrank Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO ROT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

PTO/88/61 (04-05)
Approved for use through 11/20/2005, OMB 0651-0035
U.S. Peters and Trademark Office, U.S. DEPARTMENT OF COMMISSION OF COMMIS

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Under the Patement Reduction Act of 1986, no persons are n	U.S. Pyters and Childin responsite a collection of i	Tradement Office, U.S. DEPARTMENT OF COMMERCE				
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS	77	10/813,811				
	Filing Date	March 29, 2004				
	First Hamed Inventor	Therese Harris Methods and SystemsDictionary				
	Title					
INDICATION FORM	Art Unit					
	Examiner Nume					
	Attorney Docket Mumber					

I hereby revoke all previ	ous powers of attorney given in t	ne shows idea	ified englication		****			
I hereby appoint:			mod application,					
	f with the Customer Number:							
OR				J				
Practitioner(s) nemed be	Blow:							
	Name	····	Registration Num	sber				
Mai Pare								
		49,001						
as my/our attorney(a) or agent	(s) to procecute the emplication identified	Shriven and in hear	not of his	A 17 (1)				
as my/our attermay(a) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change the	e correspondence address for the above-	identified control	- to:	•	-	-		
F [#1 NJ.					
OR	ed with the above-mentioned Customer N	lumber:	*					
OR address associated	led with Customer Number:		}					
Firm or Individual Name	LAW OFFICE OF MAI PARE					V ##*		
Address	1821 WILSHIRE BLVD., SUITE 530							
City	SANTA MONICA	State CAL	FORNIA	Zio	190403			
Country	USA			1	Javaus			
Telephone	310.829.6946	ETTRI MAIPARELAW@YAHOO.COM						
Applicant/Inventor. Assignee of record of the Stelement under 37 CF	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/96				******			
	SIGNATURE of Applicant		cord		~··			
	usa Janes		Date	Ta	प्राया	05		
Name Z	heresa Harris		Telephon	नेंद्र	1045	02304		
Title and Company President Word Wiz Cards								
NOTE: Signatures of all the inventory or assignose of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one approximate is required, see below.								
fotal offo	oms are submitted.				•			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, properties, and substiting this completed by this type and the USPTO. Three will very depending upon the individual case. Any U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Contembration of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.